

Pope County's Annual Deer Festival 2024 Vendor Application Form

64 Years & Counting - now sponsored by Main St. Golconda

Your Name/ Business Name	<u>. </u>	
Mailing address:		
Rusiness Facehook Page @		
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Phone :	Email:	
What category best fits your	booth?	
☐ Food/ Drinks	☐ Handmade Crafts	☐ Antiques/ Collectibles
☐ Promotional (clubs, political parties, causes, etc.)	☐ Consultant (Avon, Pampered Chef, Sentsy, etc)	☐ Kids Fun (carnival games, face paint, bounce house, balloons, etc)
☐ Baked goods/ canned goods	☐ Farm Fresh Goods (plants, produce, etc)	Other:
	at our festival:	
Are you selling from a vehicle		NO
(food trucks, truck beds full of	of corn, etc.)	
How many 10x10 booth space	ces do you require?	
Each 10 x 10 space is \$30 paid	d in advance (+\$10 for electric) or	\$40 (+\$10 for electric) on the day
of the event. Please mail forms	s with signature on back page & p	ayment to: Main St. Deer Fest -
P.O. Box 482, Golconda IL, 629	938	

Hold Harmless Clause

Please sign and return this Hold Harmless Clause with your application, signifying you have read all the festival rules and procedures. We look forward to seeing you at the Golconda Fall Festival!

- Vendor will use appropriate equipment and exercise due care in all its activities and agrees to comply with all applicable local, state, and federal laws, rules and regulations.
- Vendor agrees and covenants to indemnify, defend, and hold harmless the Main Street Golconda Inc, City of Golconda, Pope County, and all of their officers directors, volunteers, officials, employees and agents from and against any and all liabilities, claims, losses, expenses, and causes of action of whatever nature of type (including but not limited to causes of action based upon, strict liability or otherwise) and all attorney fees, costs, and expenses incidental thereto, which may arise or in any way be connected directly or indirectly with Vendors participation in the festival. This indemnification is absolute personal to the Vendor and is not limited by the insurance coverage which Vendor must have in place.

Business Name:	
Name Printed:	
Signature:	
Date:	_